

**Nutrition Education and Training Program  
California Department of Education  
Child Nutrition and Food Distribution Division**

**SHAPE California Agencies  
July 1, 1999 – June 30, 2000  
Work Plan / Self-Assessment**

**INSTRUCTIONS**

Please complete and mail the attached 1999/2000 Work Plan no later than July 15, 1999, to the appropriate person listed on the last page of this document. Complete and return the cover page and those pages marked Work Plan only (page one and all evenly numbered pages). The odd numbered pages contain the Self-Assessment. You will be asked to submit the Self-Assessment document at the end of the 1999/2000 school year.

Note: Document is to be completed as a collaborative effort between both SHAPE California lead partners.

**REMINDER!**

The 1998/1999 Self-Assessment is also due on July 15, 1999. This is part of the 1998/1999 Work Plan/Self-Assessment document that you received last year. Complete and return only those pages marked Self-Assessment (all evenly numbered pages). Both partners are to work together to complete this form.

## July 1, 1999 - June 30, 2000 Work Plan/Self-Assessment

Fill in the information below by printing neatly in space provided.

School District: \_\_\_\_\_

County (2 digit) and District (5-digit) County District School (CDS) Code:

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(CDS Code can be found in the California Public Schools Directory)

### Partner: Child Nutrition

\_\_\_\_\_  
(Name) (Position)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, Zip)

( ) ( )  
\_\_\_\_\_  
(Phone) (Fax) (E-mail address)

### Partner: Teacher, Administrator, Nurse

\_\_\_\_\_  
(Name) (Position)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, Zip)

( ) ( )  
\_\_\_\_\_  
(Phone) (Fax) (E-mail address)

# **The SHAPE California Lead Team**

## **WORK PLAN**

Put an "X" in the box that reflects how both lead partners will work as a team to implement the activities in the Work Plan. List additional ways you will work as a team in the space provided.

Jointly develop and implement Work Plan.	
Meet regularly to discuss project.	
Assign lead person for each activity.	
Jointly assess progress.	
Attend two SHAPE California regional meetings together (fall/spring).	
Other:	

# **The SHAPE California Lead Team**

## **SELF-ASSESSMENT**

Did both partners work together as described in the Work Plan?

Circle one: Yes No

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If not, please explain.

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List additional ways you worked as a team, but not listed in the Work Plan.

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# **TARGET SITES**

## **WORK PLAN**

List target sites, grade level(s) and the schools 7-digit CDS site code. Target sites are those sites at which you will be implementing the activities outlined in the Work Plan.

Site Name	Target Grade Level(s)	School Level CDS 7-Digit Code
		□ □ - □ □ □ □ □ □
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# **TARGET SITES**

## **SELF-ASSESSMENT**

Were all of the activities conducted as described in the Work Plan at all of the target sites?

Circle one: Yes No

If not, list the sites that did not conduct the activities and explain.

Site Name	Why Activities Did Not Occur

List additional target sites where activities occurred, but were not listed in the Work Plan.

Site Name	Target Grade Level(s)	School Level CDS 7-Digit Code
		□ □ - □ □ □ □ □ □
		□ □ - □ □ □ □ □ □
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# **Promoting Student Nutrition Education**

## **WORK PLAN**

Describe how the two lead partners will support teachers' efforts to incorporate nutrition into the core curriculum.
Describe plans to assess the effectiveness of the support.

Describe how the two lead partners will support teachers to teach nutrition as a stand-alone subject.
Describe plans to assess the effectiveness of the support.

# **Promoting Student Nutrition Education**

## **SELF-ASSESSMENT**

Did the partners support the teachers in their efforts to incorporate nutrition into the core curriculum as described in the Work Plan? Circle one: Yes No
If not, please explain.
How effective was the support?

Did the partners support the teachers in their efforts to teach nutrition as a stand-alone subject as described in the Work Plan? Circle one: Yes No
If not, please explain.
How effective was the support?



**Promoting Student Nutrition Education cont**  
**WORK PLAN**

Describe how the two lead partners will promote nutrition education in the cafeteria.
Describe plans to assess the effectiveness of the support.
Describe how the two lead partners will promote the link between nutrition education in the cafeteria and the classroom.
Describe plans to assess the effectiveness of the support.

## **Promoting Student Nutrition Education, cont**

### **SELF-ASSESSMENT**

Did both partners work together to promote nutrition education in the cafeteria as described in the Work Plan? Circle one: Yes No
If not, please explain.
How effective was the support?

Did both partners promote promote the link between nutrition education in the cafeteria and the classroom as described in the Work Plan? Circle one: Yes No
If not, please explain.
How effective was the support?

# **Building and Maintaining Partnerships**

## **WORK PLAN**

List activities that will be conducted to foster partnership building. Put an “X” by the group(s) that will participate in each activity.

Partnering Activity	*S	*T	*A	*SN	*CNS	*P/C
<i>Example: Cafeteria tour</i>	X	X			X	X

\*S =Students    \*T =Teachers    \*A =Administrators  
 \*P/C =Parents/Community

\*SN =School Nurses    \* CNS =Child Nutrition  
 Staff

# **Building and Maintaining Partnerships**

## **SELF-ASSESSMENT**

Were the activities conducted as described in the Work Plan?

Circle one: Yes No

If not, please explain.

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List additional activities conducted, but were not listed in the Work Plan.

# Implementing Nutrition Policy

## WORK PLAN

Place an "X" in the box that best describes the status of board-approved written food and nutrition policies. List additional policies in the space provided.

	Policy does not exit	In process of developing	Approved	Implemented
Competitive Food Sales				
A la carte Sales				
Health Education				
Nutrition Education				
Breakfast Program				
Staff Training- Teachers				
Staff Training- Child Nutrition				
Other:				

# **Implementing Nutrition Policy**

## **SELF-ASSESSMENT**

Place an "X" in the box that best describes the current status of board-approved written food and nutrition policies.

	No policy	In process of developing	Approved	Implemented
Competitive Food Sales				
A la carte Sales				
Health Education				
Nutrition Education				
Breakfast Program				
Staff Training-Teachers				
Staff Training-Child Nutrition				
Other:				

# **MARKETING**

## **WORK PLAN**

Put an "X" in the column that indicates which marketing activities will be conducted with which group(s). List additional activities in the space provided.

Marketing Activity	Not Planned	*S	*T	*A	*SN	*CNS	*P/C
Menu slicks							
Parent Articles							
Quarterly newsletter							
Incentives and rewards							
Other:							

\*S =Students    \*T =Teachers    \*A =Administrators  
 \*P/C =Parents/Community

\*SN =School Nurses    \* CNS =Child Nutrition  
 Staff

## **MARKETING**

### **SELF-ASSESSMENT**

Were the activities conducted as described in the Work Plan?

Circle one: Yes No

If not, please explain.

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List additional activities that were conducted, but not listed in the Work Plan.



# **PROFESSIONAL DEVELOPMENT**

## **WORK PLAN**

Indicate professional development activities that are planned. Put an "X" in the column that indicates who will receive the training.

PROFESSIONAL DEVELOPMENT TOPICS	Est. month of training	Est. # hrs. of training	*T	*A	*S N	*CNS	*P/C
<i>Example: Basic Nutrition</i>	<i>October</i>	<i>2</i>	<i>X</i>			<i>X</i>	

\*T =Teachers    \*A =Administrators  
\*P/C =Parents/Community

\*SN =School Nurses

\*CNS =Child Nutrition Staff

# **PROFESSIONAL DEVELOPMENT**

## **SELF-ASSESSMENT**

Were the activities conducted as described in the Work Plan?

Circle one: Yes No

If not, please explain.

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List additional activities conducted, but were not listed in the Work Plan.

# **Offering Healthy Meals**

## **WORK PLAN**

Put an "X" next to the menu planning options being implemented in the district.

Note: Detailed information regarding menu-planning options will be obtained from the renewal packet that was submitted by the district to the school nutrition unit.

Options:

\_\_\_\_\_ NSMP/SHAPE

\_\_\_\_\_ NSMP/USDA

\_\_\_\_\_ Food Based /USDA

\_\_\_\_\_ Revised Meal Pattern/SHAPE

Describe any changes planned in the coming year about the menu planning options used in the district.

## **Offering Healthy Meals**

### **SELF-ASSESSMENT**

Was SMI implemented as described in the Work Plan?
Circle one: Yes      No
If not, please explain.

## Nutrition Education Support: PreK-12



# SHAPE California

*Garden-Enhanced Nutrition Education*

Professional Development

Team Nutrition

### *Region/Counties*

**Region 1:** Del Norte, Humboldt, Lake, Mendocino, Sonoma

**Region 3:** Colusa, Sacramento, Sierra, Sutter, Yuba

**Region 3:** Alpine, El Dorado, Nevada, Placer, Sacramento, Yolo

**Region 4:** Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Solano

**Region 7:** Fresno, Kings, Madera, Mariposa, Merced, Tulare

**Region 9B:** Orange  
**11:** Los Angeles

**Regions 2, 5, 6, 8, 9 and 10:**  
(all counties not listed above)

### *Regional Contact*

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